



FEE TRANSMITTAL

RECEIVED
JUL 15 2004
GROUP 3600

FEE TRANSMITTAL		Docket No.	9570-001-27	
		Serial No.	09/665,757	
		Filing Date	September 20, 2000	
		Inventor(s)	John J. PERELESS, et al.	
		Group Art Unit	3629	
TOTAL AMOUNT OF PAYMENT		\$914.00	Examiner	Jonathan P. Ouellette

1. <input checked="" type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.										FEE CALCULATION (continued)							
2. <input checked="" type="checkbox"/> Check enclosed.										3. ADDITIONAL FEES							
										Large Entity		Small Entity		Fee Description			
										Fee Code	Fee (\$)	Fee Code	Fee (\$)			Fee Paid	
FEE CALCULATION										1051	130	2051	65	Surcharge-late filing fee or oath			
1. BASIC FILING FEE										1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description				1053	130	1053	130	Non-English Specification					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid		1251	110	2251	55	1-mo. ext. of time			
1001	770	2001	385	Utility filing fee				1252	420	2252	210	2-mo. ext. of time					
1002	340	2002	170	Design filing fee				1253	950	2253	475	3-mo. ext. of time		475.00			
1003	520	2003	260	Plant filing fee				1254	1480	2254	740	4-mo. ext. of time					
1004	770	2004	385	Reissue filing fee				1255	2010	2255	1005	5-mo. ext. of time					
1005	160	2005	80	Provisional filing fee				1401	330	2401	165	Notice of Appeal					
SUBTOTAL (1)								\$0.00		1402	330	2402	165	Appeal Brief			
2. EXTRA CLAIM FEES										1403	290	2403	145	Request for Oral Hearing			
tot. claims		26	-	20*	=	6	x	\$9	=	54	1501	1330	2501	665	Utility/Reissue Issue Fee		
ind. claims		4	-	4*	=	0	x	\$43	=	0	1502	480	2502	240	Design Issue Fee		
<input type="checkbox"/>		Multiple Dependent Claims				\$145		=		1504	300	1504	300	Publication Fee			
Large Entity		Small Entity		Fee Description				8001	3	8001	3	Advance Copy of Patent					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					1460	130	1460	130	Petitions to the Commissioner					
1202	18	2202	9	Claims in excess of 20				1806	180	1806	180	IDS Submission					
1201	86	2201	43	Independent claims in excess of 3				8021	40	8021	40	Assignment recordation					
1203	290	2203	145	Multiple dependent claim, if not paid				1801	770	2801	385	For Filing RCE		385.00			
1204	84	2204	43	*Reissue independent claims over original patent				1814	110	2814	55	Terminal Disclaimer					
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent				OTHER (indicate below):									
SUBTOTAL (2)								\$54.00									
* or number previously paid, if greater; For Reissues, see above										SUBTOTAL (3)						\$860.00	

Name	Steven B. Kelber	Registration No.		30,073	
Signature		Date	7/6/2004	Telephone	202-861-3900
Name	Lisa K. Norton	Registration No.		44,977	